

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #47 (Conducted Virtually)

June 10, 2025

AMH TAG Attendees:

- Coastal Children's Clinic
- North Carolina Academy of Family Physicians
- Cherokee Indian Hospital
- Community Care Physician Network (CCPN)
- Atrium Health
- Mission Health Partners (MHP)
- Carolina Medical Home Network (CMHN)
- CHES Health Solutions
- Duke Connected Care
- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina
- NC Area Health Education Centers (NC AHEC)
- WellCare of North Carolina, Inc.
- Carolina Complete Health, Inc. (CCH)
- United Healthcare (UHC)

NC DHHS Staff and Speakers Name	Title
Elizabeth Kasper	Care Delivery and Payment Reform Senior Advisor
Maria Perez	Associate Director of Healthy Opportunities
Katherine Bartholomew	Associate Director of Quality Management
Saheedat Olatinwo	Advanced Medical Home (AMH) Program Manager
Grace Ruffin	Quality Measurement Evaluator

Agenda

- Welcome and Roll Call – 5 mins
- Healthy Opportunities Pilot (HOP) Update – 15 mins
- 2026 AMH Measure Set – 10 mins
- PCP Auto Assignment Updates – 10 mins
- Webinar series: Disaster Preparedness for Members with Chronic Conditions – 5 mins
- Wrap-up and Next Steps – 5 mins

Healthy Opportunities Pilot (HOP) Update

- DHHS notified the AMH TAG that Healthy Opportunities partners must stop services by July 1, 2025, since there are no HOP resources included in neither the NC House nor NC Senate budget proposals.
 - DHHS provided next steps on HOP payments, service authorizations, member notifications and budget proceedings.

2026 AMH Measure Set

- DHHS presented the results from the MY2026 AMH Measure Set feedback survey and the below summary of AMH Measure Set changes for MY 2026.

Count	Priority Area	Measure Name	Recommendation
1	Women's Health	Cervical Cancer Screening (CCS-E)	Keep
2		Chlamydia Screening (CHL)	Keep
3		Prenatal and Postpartum Care (PPC)	Keep
4	Child & Adolescent Health	Child and Adolescent Well-Care Visits (WCV)	Keep
5		Childhood Immunization Status (Combination 10) (CIS-E)	Keep
6		Immunizations for Adolescents (Combination 2) (IMA-E)	Keep
7	Chronic Health/General Access	Well-Child Visits in the First 30 Months of Life (W30)	Keep
8		Colorectal Cancer Screening (COL-E)	Keep
9		Controlling High Blood Pressure (CBP)	Keep
10	Behavioral Health	Glycemic Status Assessment for Patients with Diabetes (GSD)**	Keep
11		Adult Access to Preventive and Ambulatory Health Services (AAP)	ADD
12		Plan All-Cause Readmissions (PCR) [Observed versus expected ratio]	Remove
13	Smarter Spending	Screening for Depression and Follow-Up Plan (CDF)	Remove
14		Total Cost of Care (TCOC)	Remove

- These changes to the AMH set will be in the 2025.2 version of the Tech Specs. As such, the first measurement year in which these measures can be incentivized as AMH measures is the claims-year running from January 2026 through December 2026.
- Please contact Medicaid.Quality@dhhs.nc.gov with any questions related to the AMH Measure Set.
- The following questions were raised by AMH TAG members and responded to by DHHS.
 - How will the removal of the depression screening measure from the AMH set affect the proposed standardized performance incentive program that's being implemented (that currently includes that measure in the proposed policy)?
 - DHHS is discussing internally whether there is value to maintaining the CDF pay for reporting measure in the standardized model even if it is not in the AMH set and has not made a final decision yet. DHHS is currently reviewing all of the feedback received on the draft model design and will include the decision about CDF when the final model details are issued.
 - Why was depression screening and follow up removed? Asking as it seems to align with the Medicaid collaborative care model efforts with AMHs.

- There are significant data quality and accuracy issues with this measure, as it relies on clinical data to track depression screenings. Without the appropriate data availability, the results are not reflective of actual quality of care. In the future, when there is more comprehensive access to depression screening data via the HIE the Department will consider adding CDF back into this set.

PCP Auto Assignment (AA) Updates

- DHHS notified the AMH TAG that the Department has proposed changes to the PCP AA requirements and is holding a separate stakeholder meeting to gather feedback on these proposed updates on Thursday June 12, 4:30PM – 6PM.
 - A calendar invitation to the workgroup was shared with the AMH TAG email list on June 6th. If you did not receive the calendar invitation and would like to participate, please email medicaid.advancedmedicalhome@dhhs.nc.gov.
- The Standard Plan (SP) Administrative Simplification Workgroup announced the updated version of the PCP change form, which Providers use, with member consent, to request the addition of members to their panel.
 - The updates include allowing for verbal consent from the member when a signature is not practical and enhanced instruction clarity.
 - The Plans updated forms are available at:
 - [AmeriHealth](#)
 - [Carolina Complete Health](#)
 - [Healthy Blue](#)
 - [United](#)
 - [WellCare](#)
- The following questions were raised by AMH TAG members and responded to by DHHS.
 - Will PCP change form updates also be pushed to Tailored Plans (TPs)? Providers prefer consistency with this tool and related policies.
 - The SP Administrative Simplification Workgroup created this form, so it is specific to SPs. Nonetheless, TPs may consider adopting it. DHHS will ensure TPs are aware of this form and the recent updates.
 - Can the new form be used to change a patient to another practice?
 - The PCP change form is used to bring a member into a Providers practice. It is not used to move members off a Providers panel.
 - Will a similar form be created for removing members from a Provider's panel? For instance, in cases where a member is auto assigned but actively receiving care elsewhere, or when pediatric practices are assigned adult members they

cannot reach, Providers are unable to obtain the required verbal attestation to complete the current form and remove the member.

- In the proposed PCP AA updates to be discussed at the Thursday workgroup, DHHS offers additional clarity and guidance on the reassignment of members without member consent.
- An AMH TAG member offered the below feedback on bulk reassignment:
 - It will be priority to also create pathways for practices/Clinically Integrated Networks (CINs) to submit lists to reassign PCPs on a broader population level without requiring individual patient consent. CINs often have more accurate data on panels within their Electronic Health Records (EHRs) and can provide supporting data easily.

Webinar Series: Disaster Preparedness for Members with Chronic Conditions

- DHHS highlighted an upcoming webinar series focused on disaster preparedness for members with chronic conditions:
 - Session 1 (June 12th 12PM – 1PM): Disaster Preparedness Response in collaboration with the Department of Public Health (DPH).
 - Session 2 (July 15th 12PM – 1PM): Immediate Post-Event Response in collaboration with the Department of Health and Human Services (DHHS).
 - Session 3 (August 19th 12PM – 1PM): Long-Term Recovery in collaboration with the Department of Mental Health (DMH).
- Please use the following link to register for the first webinar: [Webinar Registration - Zoom](#)

Wrap-up and Questions

- In the State Fiscal Year 2026 capitation rates, **\$10.86 PMPM** is built in for care management staffing needs in accordance with the Department's requirements and assumed average care management need levels within the Standard Plan populations.
- The updated care management rate [memo](#) for SFY 2026 is now available on the AMH [webpage](#) (rates effective 7/1/25).